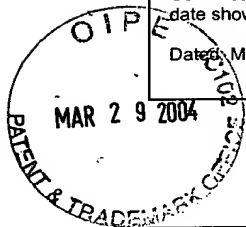


I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 26, 2004

Signature: _____

(Thomas M. Palisi)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Hans Proppert

Application No.: 09/554,835

Filed: July 5, 2000

For: USE OF THE E. COLI STRAIN DSM
6601 FOR TREATING DIARRHEA IN
VETERINARY MEDICINE

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: Group Art Unit: 1651
:
: Examiner: I. Marx
:
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:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the Official Action mailed November 13, 2003, Applicants submit the following amendments and remarks.



AMENDMENT TRANSMITTAL LETTER				Docket No. HARMSEN 3.3-002	
Application No. 09/554,835	Filing Date July 5, 2000	Examiner I. Marx	Art Unit 1651		
Applicant(s): Hans Proppert					
Invention: USE OF THE E. COLI STRAIN DSM 6601 FOR TREATING DIARRHEA INVETERINARY MEDICINE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	6	- 21 =		x	0.00
Independent Claims	2	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Thomas M. Palisi Attorney Reg. No.: 36,629				Dated: <u>March 26, 2004</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6366					
<small>I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</small>					
Dated: March 26, 2004		Signature: (Thomas M. Palisi)			